



FOCUS POINT NEWSLETTER
SPECIAL COVID-19 ALERT 3/25/2020



CMS NURSING HOME SURVEY UPDATE 3/23/2020 – Important Changes Effective Immediately
On 3/23/2019 CMS published new guidelines for nursing home surveys with publication QSO-20-20-All. This 28-page guide can be downloaded at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions> (sort by posting date)

Highlights include:

- ❖ CMS is prioritizing surveys by authorizing modification of timetables and deadlines for the performance of certain required activities, delaying revisit surveys, and generally exercising enforcement discretion for three weeks.
 - During the prioritization period, the following surveys will **NOT** be authorized:
 1. Standard surveys for long term care facilities. This includes:
 - Life safety code
 - Emergency Preparedness elements of those standard surveys;
 2. Revisits that are not associated with IJ.
 - For level-3 (LTC) or condition level (Non-LTC) citations (for which an onsite revisit survey would normally be conducted), the provider may submit a plan of correction (POC), but an onsite revisit survey will not be conducted during the prioritization period, and these cases will be held.
 - CMS will suspend per day civil money penalty (CMP) accumulation, and imposition of termination for facilities that are not in substantial compliance at 6 months.
 - During this three-week timeframe **ONLY** the following types of surveys will be prioritized and conducted:
 1. Complaint/FRI surveys: State survey agencies will conduct surveys related to complaints and facility reported incidents (FRIs) that are triaged at the Immediate Jeopardy (IJ) level.
 - A streamlined Infection Control review tool will also be utilized during these surveys, regardless of the Immediate Jeopardy allegation.
 - CMS will suspend per day civil money penalty (CMP) accumulation, and imposition of termination for facilities that are not in substantial compliance at 6 months.
 - If a survey is conducted because a complaint or FRI was triaged at the IJ level, and the provider is cited for noncompliance, but not at the IJ level (e.g., Level 3 – actual harm), surveyors would not conduct a revisit survey.
 - If during an IJ complaint or FRI survey, the surveyor identifies that there is an **ACTIVE** COVID-19 case in the facility
 - ◆ the COVID-19 case is, or is not, related to the IJ, surveyors should report the case and facility to their agency, the state health department (to coordinate with the Centers for Disease Control and Prevention (CDC)), and the CMS Regional Office. These agencies should coordinate and decide on any further actions that should be taken. The Infection Control focused survey process can be used to investigate noncompliance and ensure the provider takes steps to minimize transmission.
 2. Revisits
 - For facilities that have been cited for IJ-level deficiencies and that surveyors have not verified that the IJ has been removed, surveyors would proceed as normal, and conduct a revisit survey to verify the IJ is removed.
 - ◆ If the revisit survey determines there is continuing noncompliance, but not at the IJ level, surveyors would not conduct another onsite revisit survey. The provider may submit a plan of correction (POC), but an onsite revisit survey will not be conducted during the prioritization period, and these cases will be held.

- ◆ Imposition of Denial of Payment for New Admissions (DPNA), including situations where facilities that are not in substantial compliance at 3 months, will be lifted to allow for new admissions during this time.

3. Targeted Infection Control Surveys:

- Federal CMS and State surveyors will conduct targeted Infection Control surveys of providers identified through collaboration with the CDC) and the HHS Assistant Secretary for Preparedness and Response (ASPR).
- They will use a streamlined review checklist to minimize the impact on provider activities, while ensuring providers are implementing actions to protect the health and safety of individuals to respond to the COVID-19 pandemic.
- CMS developed specific guides for the surveyors for conducting the Infection Control surveys.
 - ◆ This tool can be found within the 3/23/20 CMS QSO-20-20-All memo.
 - ◆ CMS expects facilities to use this new process, in conjunction with the latest guidance from CDC, to perform a voluntary self-assessment of their ability to prevent the transmission of COVID-19.

❖ **COVID-19 Focused Infection Control Survey [Guidance to Surveyors]**

This survey tool must be used to investigate compliance at F880 and determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions> (sort by posting date)

➤ Surveyors will review for:

1. The overall effectiveness of the Infection Prevention and Control Program (IPCP) including IPCP policies and procedures;
2. Standard and Transmission-Based Precautions;
3. Quality of resident care practices, including those with COVID-19 (laboratory-positive case), if applicable;
4. The surveillance plan;
5. Visitor entry and facility screening practices;
6. Education, monitoring, and screening practices of staff; and
7. Facility policies and procedures to address staffing issues during emergencies, such as transmission of COVID-19

➤ During the survey, the surveyors must be able to answer the following questions with a Yes/No. See the detailed guidance steps they will be using to determine compliance.

1. Did staff implement appropriate Standard (e.g., hand hygiene, appropriate use of PPE, environmental cleaning and disinfection, and reprocessing of reusable resident medical equipment) and Transmission-Based Precautions (if applicable)? – F880
2. Did staff provide appropriate resident care? – F880
3. Does the facility have a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19? – F880
4. Did the facility provide appropriate infection surveillance? – F880
5. Did the facility perform appropriate screening, restriction, and education of visitors? – F880
6. Did the facility provide appropriate education, monitoring, and screening of staff? – F880
7. Did the facility develop and implement policies and procedures for staffing strategies during an emergency [E-0024]

CHC New Resource – Self Assessment Tool for Focus Infection Control Surveys

➤ CMS also states that providers are to perform a COVID-19 focused facility self-assessment on infection control practices and protocols

- CHC has developed a new Self-Assessment Tool, the recommendation is made that the self-assessment be completed initially and then repeated to ensure your infection control practice are in place if there is an active or suspected case in your facility or community.
- The tool may be purchased for \$50, contact Mary at mary@chileshealthcare.com if interested

